

PTO/SB/82 (08-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/650,605
Filing Date	08/28/2003
First Named Inventor	Edmund O. Schweitzer, III
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1444-0002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

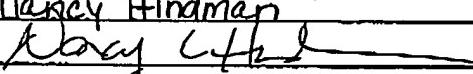
OR

<input type="checkbox"/> Firm or Individual Name	David M. Mundt, Esq.			
Address	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.			
Address	200 West Adams Street, Suite 2850			
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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

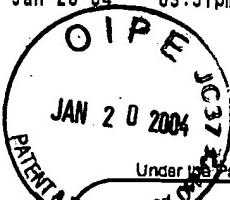
SIGNATURE of Applicant or Assignee of Record

Name	Nancy Hindman		
Signature			
Date	1-19-04	Telephone	509-332-1890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/650,605
Filing Date	08/28/2003
First Named Inventor	Edmund O. Schweitzer, III
Title	DISTANCE PROTECTIVE RELAYUSING
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1444-0002

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Eugene M. Cummings	24,398
David M. Mundt	41,207
David Lesht	30,472

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.			
Address	200 West Adams Street				
Address	Suite 2850				
City	Chicago	State	Illinois	Zip	60606
Country	USA				
Telephone	312-984-0144	Fax	312-984-0146		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	<u>Nancy Hindman</u>		
Signature	<u>Nancy Hindman</u>		
Date	1-19-04	Telephone	509-332-1890

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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